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For action

Country programme recommendation**

Romania

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Romania which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,625,000 from general resources, subject to the availability of funds, and $8,932,000 in supplementary funds, subject to the availability of specific-purposes contributions, for the period 2000 to 2004.

* E/ICEF/1999/15.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, 0–18 years)	5.4
U5MR (per 1,000 live births)	26
IMR (per 1,000 live births)	22
Underweight (% moderate and severe) (1991)	6
Maternal mortality rate (per 100,000 live births)	41
Literacy (% male/female) (1995)	99/96
Primary school enrolment (% net, male/female) (1996)	96/95
Primary school children reaching grade 5 (%) (1994)	99
Access to safe water (%)	..
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	1 420
One-year-olds fully immunized against:	
tuberculosis	100 per cent
diphtheria/pertussis/tetanus	97 per cent
measles	97 per cent
poliomyelitis	97 per cent
Pregnant women immunized against tetanus	..

The situation of children and women

1. Since 1990, Romania's national priority has been the transition from a one-party, highly centralized political and economic system to a decentralized democratic system with a market economy. The Romania country note emphasized the persistence of difficulties due to this transition, especially for children. By 1996, gross domestic product had only reached 88 per cent of its 1989 level. Children's issues have often been absent from the attention of public authorities due to conflicting priorities and competition for funds from the central budget.

2. Currently, the Government of Romania is in the process of implementing long-term national reforms in health, education and child protection. Priorities in these reforms include increasing the quality of and access to health services; the democratization of processes of and access to education; and the rationalization and decentralization of services for children and families at risk, both to prevent the need for child institutionalization and to decrease the numbers of children in institutions.

3. The main area of concern with regard to the situation of children in Romania continues to be institutionalization. Currently, approximately 100,000 children live in some kind of residential institution. Approximately one half of these have been abandoned or placed there by their families, and the other half live in special centres for children with physical and mental disabilities of differing degrees of severity.

4. Parents frequently lack confidence in their ability to raise their children as a result of the long-standing practice of the State taking over parental functions. This is now exacerbated by rising poverty, growing unemployment, domestic violence and abuse, alcoholism, teenage pregnancy and diminishing state subsidies, and contributes to both high numbers of institutionalized children and the estimated 2,000–5,000 children living in the streets of major cities. Families in remote rural areas and *Roma* (gypsy) families are particularly at risk.

5. The health of both children and mothers, and their access to appropriate services, are important factors in determining whether or not a child is institutionalized. The health of the mother, and her knowledge of child health and development, affect her ability to care for her children. Some 30 per cent of women are anaemic, which impacts on energy levels, maternal mortality and the low birth weight of children. More than 50 per cent of children under five years

old are also anaemic. This iron deficiency and general poor nutrition impact on children's ability to fight infection as well as on their physical and cognitive growth and development. The initiation of breastfeeding immediately after birth, while important for the health of both mother and child, also has been shown to be a factor in reducing the rates of child abandonment. The lack of access to birth spacing information and services can lead to unwanted births or to women exposing themselves to the risks of abortion, with possibly severe implications for the family.

6. Currently, more than 6,000 children are living with HIV/AIDS, with approximately 750 of them residing in institutions (including long-term hospitalization). Since 1995, the spread of HIV/AIDS is shifting from the iatrogenic infection of children to sexual transmission among heterosexual adults, increasingly youth. Between 1996 and 1998, the rates of syphilis infection, an excellent proxy for the future trend of HIV, has increased by 25 per cent in general, and by 15 per cent among students.

Programme cooperation, 1995–1999

7. UNICEF began cooperation in Romania in 1990 and initially carried out two consecutive emergency programmes. The subsequent country programme for 1995–1999 (E/ICEF/1995/P/L.26) was designed to help families cope with the difficulties of transition and, since then, has helped to build a solid foundation for the reform of the national child care system based on children's rights. Four programme components were implemented: family education; women's and children's health; children in especially difficult circumstances (CEDC); and planning, social policy development and advocacy.

8. The family education programme aimed to develop examples of behaviour change in families in relation to their children's health and development. The programme strategy consisted mainly of the in-service training of education professionals and practitioners in more open, democratic and child rights-oriented approaches. The strategy targeted educators, teachers, social workers and nurses, and included: (a) collaboration in the development of local centres for parents in selected regions; (b) the building of intersectoral communication networks for information exchange at local and national levels; (c) collaboration with decision makers and local authorities involved in education and health services; and (d) partnerships with local business communities or other sources of potential local support.

9. In health, projects were built on initial situational assessments in the areas of nutrition, and maternal and child health. Notable features included: (a) the efficiency of the nutrition surveillance system, which systematically monitors the nutritional status of women and children; (b) the integration of hepatitis B into the national immunization programme and success in strengthening management mechanisms of the expanded programme on immunization (EPI); (c) strengthening the health promotion network by training staff in communication skills and project management; and (d) support for the development of an intersectoral national HIV/AIDS strategy. Studies carried out during the course of the programme included safety and the frequency of injection, vitamin A deficiency, the nutritional status of children in institutions, a narrative research study with adolescents related to HIV/AIDS, access to primary health care in the Roma community, and rapid assessment of intravenous drug use.

10. In the CEDC programme, projects of sustainable services based on the rights of abandoned, disabled and institutionalized children were demonstrated on a pilot basis, and provided a useful model for subsequent governmental reforms in the area of child protection. For example, UNICEF-supported social services for children at risk of abandonment, implemented by local district councils, are now part of newly-formed structures of the reformed national child protection system. Projects for the reintegration of children with disabilities into mainstream schooling were subsequently taken into consideration by the Ministry of Education in formulating its national strategy. Significant steps were made in strengthening government capacity to monitor implementation of the Convention on the Rights of the Child by establishing two independent technical Convention monitoring committees at the national level.

11. The planning, social statistics and advocacy project, implemented by the National Commission for Statistics, in partnership with the Italian Institute for Statistics and with UNICEF support, trained statisticians in the analysis and presentation of social statistics, with the goal of strengthening professional capacities in the policy-related use of statistics and monitoring of the situation of children. UNICEF also helped to develop the National Plan of Action for Children; a best practices analysis "Towards a Child-Centred Society"; and other related policy proposals. A significant achievement of the programme was its advocacy for social sector reform, especially in the area of child protection.

Lessons learned

12. The mid-term review (MTR), held in 1997, and other programme evaluations carried out as an integral part of the programming process — for example, the 1996 evaluation by the United States Agency for International Development (USAID) and the 1997 health evaluation — identified useful lessons that will be reflected in the new programme. Several "models of excellence", developed with UNICEF support, are now being applied on a larger scale by Romanian authorities. Such models include nutrition surveillance; the provision of special services for abandoned, disabled and institutionalized children; and statistical analysis and monitoring of children's rights. Capacity-building activities, which included training, exposure to new thinking and technical developments, exchange of experiences and networking, along with research and evaluation, have succeeded in building the capacity of technical staff in the various governmental ministries to understand and advocate for child rights approaches to social sector reform.

13. UNICEF played a catalytic role in bringing together partners such as the Government with non-governmental organizations (NGOs), county councils with city councils, donors with local NGOs, overseas agencies with counterparts, etc. UNICEF was also instrumental in increasing donor effectiveness by encouraging coordination between major donors, especially with USAID and the European Union.

14. The first United Nations Development Assistance Framework (UNDAF) exercise, carried out by the country team in 1998, provided a common superstructure for separately designed programmes and proved that inter-agency coordination and intersectorality are important components for any successful programme of cooperation.

Recommended programme cooperation, 2000–2004

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Child protection	208	180	181	175	173	917
Health and nutrition	276	190	188	190	190	1 034
Family education	183	156	145	135	130	749
Cross-sectoral costs	60	198	210	225	232	925
Subtotal	**727**	**724**	**724**	**725**	**725**	**3 625**
Supplementary funding						
Child protection	710	711	713	714	715	3 563
Health and nutrition	473	468	462	456	455	2 314
Family education	603	607	611	616	618	3 055
Subtotal	**1 786**	**1 786**	**1 786**	**1 786**	**1 788**	**8 932**
Total	**2 513**	**2 510**	**2 510**	**2 511**	**2 513**	**12 557**

Programme preparation process

15. The country programme preparation process began with a strategy meeting with the Government and main counterparts, at which a position paper was discussed. The country note, stating the intent of the proposed programme, was subsequently prepared. Thereafter, a process involving planning workshops, consultations with a specially established technical advisory group, bilateral sectoral discussions with counterparts, and culminating in a formal meeting with the Government and counterparts, helped to establish the main recommendations and objectives of the new programme. UNDAF provided a common framework for the development of United Nations agency programmes of cooperation and helped to reinforce inter-agency coordination and intersectoral approaches. The Common Country Assessment (CCA), produced in 1998 as part of the UNDAF process, and a specially commissioned series of analytical essays on relevant cross-cutting issues in Romania, provided major contributions to the country programme preparation process.

Programme objectives and strategy

16. The 2000–2004 programme of cooperation will reflect children's rights with specific application to the situation of children in Romania. Its aim is to help ensure that, during the difficult time of transition, all children including the most vulnerable and marginalized can grow up in a secure and nurturing family environment in which all of their developmental needs are met in accordance with the fulfilment of their rights.

17. The programme is designed to support Romania's progressive implementation of the Convention on the Rights of the Child, with a central, unifying issue based on every child's right to grow up in a family environment. The programme plans also reflect the universality and indivisibility of children's rights in their holistic focus on the needs of the most vulnerable and marginalized children and families. Furthermore, the programme will promote non-discrimination, child participation and the use of the best interests of the child as a basis for setting priorities and decision-making in social sector reform.

18. Capacity-building, proven to be an effective strategy in the past programme cycle, will be continued. Of particular relevance to a country such as Romania, for many years cut off from technical developments at the global level, this strategy includes the promotion of training, increased exposure to examples of best practices both within the country and abroad, facilitation of experience exchange, networking and technical assistance, and involves individuals, public institutions, NGOs, decision makers and beneficiaries. The new programme will also continue to promote the use of small-scale pilot projects to demonstrate feasibility and best practices, another strategy that proved successful in the past.

19. An integrated district-based approach will be developed in the new programme, as recommended by the MTR. UNICEF will use an intersectoral approach, focusing on the support of sustainable health, education and child protection services in selected districts. The selection of districts will be made in conjunction with the Government and will be based on such criteria as poverty levels, the urgency of children's needs, the willingness and capacities of potential counterparts, and the presence of other cooperating organizations.

20. Building partnerships and strategic alliances, one of the recognized strengths of UNICEF in Romania, will also continue, enabling governmental, non-governmental, professional, community-based and donor partners to work together for the maximum impact on improving the situation of poor and marginalized children and their families. A strong congruence in support of the national policy on child protection between the objectives of UNICEF cooperation and those of the World Bank, the European Union and the USAID social assistance strategy for Romania will enhance the impact of UNICEF in a cost-effective manner.

21. Each programme component will include a significant advocacy and communication element, with activities targeted to different groups with appropriate information and messages using the most effective channels available. An ongoing advocacy and communication campaign will aim at raising general public awareness of children's and women's rights and, in particular, the role of the family in child development. The development of professional child rights-based reporting will be supported, especially in radio and television, and a greater presence of children's voices in the media will be facilitated. Capacity-building of the mass media will be enhanced by training activities through partnerships with professional schools of journalism.

22. The country programme will be consistent with UNDAF and will build on already-established cooperation with other United Nations agencies. This will enable collaborative programming, in particular with the United Nations Development Programme (UNDP) in the area of poverty alleviation, with the United Nations Population Fund (UNFPA) in the area of reproductive health, with the Joint and Co-sponsored United Nations Programme on HIV/AIDS

the area of HIV/AIDS prevention, and with the World Health Organization (WHO) in health promotion.

23. Based on the overarching theme of fulfilment of every child's right to grow up in a family environment, and focusing mainly on families at risk and children and youth living outside a family setting, the proposed country programme has three main components: child protection; health and nutrition; and family education. A fourth component will cover the costs of support to programme planning, management, evaluation and monitoring.

Child protection

24. The objectives of the child protection programme are to support the reduction of the number of children in institutions through: (a) the development of realistic and viable alternatives to institutionalization, including related supportive social services; (b) the development and implementation of policies for children with disabilities, including the integration of such children and those with other special needs into mainstream schooling; (c) helping to develop school-based social services for children at risk or marginalized; and (d) the development of safe recreation spaces for children and youth in need.

25. The programme will assist the national Department of Child Protection to implement the provisions of new legislation on child welfare, particularly the development of social services for children and families in need to prevent child abandonment and institutionalization, and of viable means of de-institutionalizing children already in full-time residential care.

26. The programme will be implemented through the provision of training and technical assistance for social workers working with families at risk, and by supporting local authorities and NGOs to review institutional placement processes and develop alternatives such as foster care and adoption. UNICEF will also support and build the capacities of local authorities in remoter rural areas to help them identify families at risk. Furthermore, the programme will help develop replicable examples of local support for families at risk or marginalized, including family counselling services, family crisis centres and shelters, and child day-care facilities, in conjunction with the family education programme.

27. The transformation of institutions for children who still need to live there into more child-friendly environments will be supported by encouraging the development of family-style homes, training institution staff in child-centred methods, supporting children's participation in decision-making on issues that affect their lives, and building closer links between institutions and the communities in which they are located.

28. Children and adolescents in need of special protection, such as those living on the street, those who are abandoned or abused, and those with HIV/AIDS, will be protected through the development of different kinds of "safe spaces". An action research initiative will address the issue of including children with disabilities into mainstream schooling. It will also look at the feasibility of including children with more severe disabilities, hitherto automatically placed in residential institutions, into special schools in their localities, thereby allowing them to stay with their families. The programme will also promote local support services for families of HIV-infected children.

29. The programme will also help to promote the respect of children's rights by offering technical and financial support to NGOs, and national and local authorities to monitor the application of the provisions of the Convention on the Rights of the Child. Technical and financial support will be provided for public and school-based education on children's rights. This programme will also support the Government in its reporting process to the Committee on the Rights of the Child and in the ongoing monitoring of the Convention (Romania initially reported to the Committee in 1993 and is to present its subsequent report in 1999; monitoring is facilitated by special technical committees supported by UNICEF).

Health and nutrition

30. The objectives of this programme will be to help improve the quality of and equitable access to basic health services for women and children during the national health reform process. Programme activities will be implemented through ministries, national and regional institutes, local health authorities, schools and NGOs. UNICEF will continue to play a catalytic role in bringing diverse partners together to address common issues.

31. In selected areas, local capacity for improving the quality of health services will be enhanced through training health professionals, in response to users' needs and complying with updated national standards. The experience thus gained will be shared for national expansion. Activities to improve the quality of services will be aimed at both individual as well as institutional capacities. More specifically, they will aim at developing skills and knowledge, ensuring the allocation and coordination of

resources to address priority needs, and developing and assisting in the implementation of new protocols for standards in health care services. At both national and local levels, priority attention will be given to improving the reproductive health of women and youth, in conjunction with UNFPA, as well as prenatal, post-natal and perinatal care, particularly in rural areas.

32. The problem of high rates of iron deficiency among mothers and children will be addressed through support for iron supplementation, improving dietary practices and, where feasible, food fortification. Iodine deficiency disorders and other micronutrient deficiencies will similarly be addressed through an integrated strategy involving education and fortification.

33. Breastfeeding rates — initiation, length and duration of exclusive breastfeeding — will be improved through training health workers in the community and at maternity hospitals through targeted information, education and communication (IEC) activities. Legislation for and enforcement of the International Code of Marketing of Breast Milk Substitutes will also be encouraged. Through the national nutrition surveillance programme, supported by UNICEF since 1993, the nutritional situation of women and children will continue to be monitored.

34. The programme will continue to support a multisectoral response to HIV/AIDS, as highlighted in the CCA, by supporting national planning and coordination, research and epidemiological monitoring (with international technical support), IEC activities for behavioural development, and social and health support services (for example, counselling centres, networking, etc.) to reduce the impact of HIV/AIDS. Within the context of HIV/AIDS, youth health and development will be addressed through in-school and out-of-school activities designed to encourage and support a responsible and healthy lifestyle.

35. All of the objectives of the health and nutrition programme will be enhanced through training activities for health promotion staff by strengthening the existing health promotion network, in coordination with WHO, and by researching, developing and testing communication materials.

Family education

36. The main objective of the family education programme is to strengthen the capacity and confidence of families to provide the best environment for raising their children. This will be achieved by: (a) helping to raise the quality of pre-school education, providing training in child-centred teaching methods and promoting the closer involvement of parents in the pre-school education of their children; and (b) supporting community-based initiatives aimed at developing greater self-reliance and the solution of problems using local resources, in conjunction with UNDP. The programme will focus mainly on families in rural areas, families in poor urban areas and Roma families.

37. A major strategy for this programme will be supporting the mobilization and training of those who impact locally on a family (e.g. teachers, social workers, nurses, mayors, community leaders, priests, volunteer groups, adolescents and children). Training will cover key issues for children's and women's rights, including child development, nutrition and healthy lifestyles. Where possible, experience exchange with others involved in similar activities, both nationally and abroad, will be facilitated through visits and study tours, as well as the translation and dissemination of material and professional literature in relevant areas.

38. The development of resource centres will be supported in selected districts to facilitate this programme. At the local level, these will comprise drop-in centres for parents to offer support and advice in all matters relating to child-rearing; and community development centres to facilitate training and the intersectoral coordination of local services for families. At the regional level, special resource centres will provide in-service training for teachers and social workers. These centres will also provide a two-way communication network between local practitioners and central policy makers.

Monitoring and evaluation

39. Monitoring and evaluation will be an integral part of the implementation of the country programme. Research, including social statistics, will also continue to be a strong feature. An integrated monitoring and evaluation plan will comprise a set of impact and output indicators for each programme component, including: (a) for child protection — the ratio of children per age cohort in residential care, the number of adoptions and children in foster care, the number of disabled children in mainstream schools, etc.; (b) for health and nutrition — infant, under-five and maternal mortality rates, the levels of anaemia, the rates of breastfeeding, etc.; and (c) for family education — the number of children enrolled in kindergartens in urban and rural areas, the number of kindergarten teachers trained, the number of social workers graduating, the number of social workers employed by local authorities in rural areas, etc. UNICEF will prepare a comprehensive plan of evaluations

of programme interventions, including assessments and pilot activities, and a plan of studies and research activities applied to specific child issues.

Programme management

40. Management objectives and strategies for the new country programme will aim at improving present standards, work quality and performance. The current office staffing structure will be adjusted based on the requirements of programme delivery, the budget and better internal cohesion of the office team. A special area management plan, establishing closer programming links between Romania and the Republic of Moldova, is designed to enhance the effectiveness and efficiency of programme activities in both countries. The funding strategy of the country programme will build on the successful experience of partnerships with donors. Implementation of the programme will be coordinated by the Ministry of Foreign Affairs, with technical support from all relevant ministries and institutions of central and local governments, especially the Department for Child Protection, as well as partner NGOs. Coordination with the United Nations system will be undertaken within the framework of ongoing United Nations reform, and particularly within UNDAF.

TABLE

COUNTRY : ROMANIA
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
FAMILY EDUCATION	749,000			749,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH AND NUTRITION	1,034,000			1,034,000	0	0	0	1	0	0	1	1	1	3	667,250	316,745	983,995
CHILD PROTECTION	917,000			917,000	0	0	0	0	0	0	0	1	0	1	0	255,259	255,259
CROSS-SECTORAL COSTS	925,000			925,000	0	0	0	0	0	0	0	1	1	2	0	220,183	220,183
TOTAL GR	3,625,000			3,625,000	0	0	0	1	0	0	1	3	2	6	667,250	792,187	1,459,437
SUPPLEMENTARY FUNDING :																	
FAMILY EDUCATION		0	3,055,000	3,055,000	0	0	0	0	0	0	0	1	0	1	0	255,259	255,259
HEALTH AND NUTRITION		0	2,314,000	2,314,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	3,563,000	3,563,000	0	0	0	0	0	0	0	0	1	1	0	81,264	81,264
TOTAL SF		0	8,932,000	8,932,000	0	0	0	0	0	0	0	1	1	2	0	336,523	336,523
TOTAL GR & SF	3,625,000	0	8,932,000	12,557,000	0	0	0	1	0	0	1	4	3	8	667,250	1,128,710	1,795,960
SUPPORT BUDGET		Operating costs		234,403													
		Staffing			0	0	1	0	0	0	1	1	4	6	833,234	496,427	1,329,661
GRAND TOTAL (GR + SF + SB)					0	0	1	1	0	0	2	5	7	14	1,500,484	1,625,137	3,125,621
	Number of posts and staff costs:																
	Current programme cycle										3	4	8	15			
	At the end of proposed programme cycle (indicative only)										2	5	7	14	1,500,484	1,625,137	3,125,621

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.